

## **Instructions for Completing the 2011-12 Maternal, Child and Adolescent Health (MCAH) Scope of Work (SOW)**

The six goals in this SOW reflect the priorities of the MCAH Division as identified by the federally required 2011-2015 State Title V Needs Assessment which incorporates locally identified priority needs. The SOW clearly indicates State and Title V requirements and incorporates some standardized measures to improve the ability of Local Health Jurisdictions (LHJs) to monitor health status and program outcomes.

The development of this SOW was guided by several public health frameworks including the [10 Essential Services of Public Health](#) and the three core functions of assessment, policy development and assurance; the [Spectrum of Prevention](#); the [Life Course Approach](#); the [Social-Ecological Model](#), and the [Social Determinants of Health](#). Please consider integrating these approaches when conceptualizing and organizing objectives, activities and evaluation measures:

### **Goals:**

- The SOW has 6 goals:
  - Goal 1 – Improve outreach and access to quality health and human services
  - Goal 2 – Improve maternal health
  - Goal 3 – Improve infant health
  - Goal 4 – Improve nutrition and physical activity
  - Goal 5 – Improve child health
  - Goal 6 – Improve adolescent health
- Goals 1-3 are required for all LHJs
- Goals 4-6 are optional

### **SOW requirements:**

1. Each LHJ is required to develop short and/or intermediate objectives, intervention activities and evaluation/performance measures for Goals 1-3.
2. All LHJs must perform the activities in the shaded areas in Goals 1-3
3. Each fiscal year the LHJ must address one or more local priority objective(s) identified in their Needs Assessment in their SOW. Local priority objectives(s) will be titled "Local Priority Objective" and can be placed under any of the Goals 1-6

### **General Instructions:**

- **Nothing is entered in the shaded areas**
- The link to the Healthy People 2020 Objectives is provided for easy reference. You may search the document using key words or the Objective Short Titles  
<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

### **Step-by-Step Instructions:**

#### **1. Long Term Outcome Objectives:**

- Click on the link and insert the baseline data, the most current year available, in the space provided. In the next blank space insert an achievable and realistic target number using your knowledge, expertise and experience about your

community. Complete this process for all the Long Term Outcome Objectives for Goals 1-3.

- Long Term Outcome Objectives for Goals 4-6 are to be completed if you have chosen to place your Local Priority Objective(s) in these goals. Delete any long term outcome objective(s) that you will not be addressing.

**SOW Table** - Short and/or Intermediate Outcome Objective(s), Intervention Activities and Evaluation/Performance Measures

**2. Short and/or Intermediate Outcome Objective(s)**

- Develop SMART short and/or intermediate outcome objectives for Goals 1-3 in the non-shaded space provided
- Develop SMART short and/or intermediate outcome objective(s) if you have chosen to place any Local Priority Objective(s) in Goals 4-6

**3. Intervention activities and Evaluation/performance Measure(s)**

- For each short and/or intermediate outcome objective(s) insert corresponding local intervention activities, and process/outcome measures in the space provided.

The MCAH Division recognizes the importance of monitoring progress towards long term outcome objectives and that health status indicators are difficult to move. LHJs will only be held accountable for completing activities described in their individualized SOWs; LHJs will NOT be held accountable for changing health status indicators although you are responsible for monitoring and reporting on performance measures.

**For assistance in completing the SOW, please contact your assigned Nurse Consultant or the Family Health Outcomes Project at [fhop@fcm.ucsf.edu](mailto:fhop@fcm.ucsf.edu)**

**Additional resources:**

**Developing an Effective MCH Planning Process: A Guide for Local MCH Programs, Second Edition, Family Health Outcomes Project University of California, San Francisco, September 2003**

**[http://familymedicine.medschool.ucsf.edu/fhop/htm/publications/pg\\_planGuide.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/publications/pg_planGuide.htm)**

## Glossary of Terms

**Program Evaluation** - a systematic investigation of the performance of a program (structure, activities, results and/or costs)

**Program Logic Model** - reflects theory(ies) of change as demonstrated in proven or promising interventions; depicts how the program will work to achieve desired change (outcome); can use as a tool for planning, implementation, or evaluation

**Problem Analysis** - identifies the basic epidemiology (what, who, when, where) of a problem as well as helps identify determinants and possible causal pathways that lead to a particular desirable or undesirable health outcome or condition, and illustrate the consequences or impact of that outcome or condition.

**Problem Statement** - what the program seeks to change

**Logic Model Framework** - organizes information into a visual sequence; depicts how a program works to achieve its intended outcomes, shows logical relationships between inputs, outputs and outcomes of a program

Enables us to translate expected outcomes (results) into meaningful, measurable objectives and as program activities are defined, their expected outputs (services delivered) are translated into process objectives

Inputs – Resources: What is available

Outputs – Activities: What is done - Participation: Who is reached

Outcomes – Short term, Intermediate, Long term: What are the results

**Goals** – a statement that explains what the program wishes to accomplish. It sets the fundamental, long-range direction. Typically, goals are broad general statements of long-term ideal accomplishments.

**Objectives** – specific statements of desired achievements that are expected to occur as a result of an intervention or program. Objectives break down the goal into smaller parts that provide specific, measurable actions by which the goal can be accomplished.

**Program Objectives** - statements that define and quantify the expected results of a program and its activities and measure change in the population served by the program; Provide articulated, defined purpose of the interventions/program and guide the program staff in their work. Two types of program objectives: Program Outcome Objectives and Program Process Objectives

**Program Process Objectives** - quantify what services should be delivered by how much, how they will be delivered, and/or to whom they will be delivered. Answer the key question, “Who needs to do what, to or with whom, and when is it to be done?”

**Program Outcome Objectives** – quantify the intended results of a program and capture desired changes in the program’s target group or participants. Answer the key question, “What effect do we hope the project will have?” or “What do we hope will be the results of the project?”

**Objectives can be short-term, intermediate, or long-term. They are meant to be realistic targets for the program or project. They are written in the active voice and use action verbs, such as plan, write, conduct and produce. Well written objectives will always answer the question “Who is going to do WHAT, WHEN and TO WHAT EXTENT?”**

**Short-term Objectives** – are generally expected immediately and can occur soon after the program or intervention is planned, very often within a year. They answer the question “Who is going to do WHAT, WHEN and TO WHAT EXTENT?”

**Intermediate Objectives** – result from and follow short-term outcomes. They also answer the question “Who is going to do WHAT, WHEN and TO WHAT EXTENT?”

**Long-term objectives** – state the ultimate expected impact of the program or intervention

**SMART Objectives:**

- **Specific**- identify who will receive the intervention, what will be done and where it will happen
- **Measurable** – what benefit is expected and how much change is expected
- **Achievable** – the objective is attainable
- **Relevant** – the objective will have an effect on the desired goal or strategy
- **Time-Framed** – identify when or within what period the objective will be achieved

**Intervention Activities to Meet Objectives** – an intervention is a defined effort to effect change. The effort is based on analysis of the precursors and consequences of a problem.

**Performance Measures** - A precisely defined measure of a desired result (health risk, health status, system change) of a specific program on its target population / system. Answers “How well is my program doing in delivering services (Process Performance Measure) or how effective are those services (Outcome Performance Measure)?”

Measures should specify the calculation used (percent, rate), the numerator and denominator for the calculation, and the data source for each

Performance measures for program objectives...

- Assess the achievement of program objectives;
- Are used for tracking change and for comparison with a standard (e.g., an objective) or baseline measure over time;
- Provide data that tell stakeholders what progress is being made towards accomplishing program objectives;
- Document whether the program is being implemented as planned (process)

**Process Measures** – quantifies the resources used, the population reached or activities accomplished (e.g., plan produced or number served) over a specific time frame. Answers the question “How well is my program doing in delivering services?”

**Short and/or Intermediate Outcome Measures** – quantifies the achievement of results (e.g. knowledge, behavior, attitude, environmental, health status changes) within a specific time frame from the specific interventions being undertaken. Answers the question “How effective are my program services?”

**Outcome Indicator** - A precisely defined measure of a health risk, health status, or health service utilization for a defined population. Answers “How well is the community doing in terms of its health and well-being?”

**Quantitative Data** - numbers, rates, statistics:

- Primary data – data you collect it with structured instruments
- Secondary data – data from existing data sources, already collected

**Qualitative Data** - words, thoughts, actions, descriptions:

- Collected through Focus groups, open ended interview questions, observations

The above information was compiled using the Family Health Outcomes Project UCSF, Developing an Effective MCH Planning Process: A Guide for Local MCH Programs, Second Edition, Family Health Outcomes Project University of California, San Francisco, September 2003 and the CDC Division for Heart Disease and Stroke Prevention Evaluation Guide.

For more detailed information visit:

- [http://familymedicine.medschool.ucsf.edu/fhop/htm/publications/pg\\_planGuide.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/publications/pg_planGuide.htm)
- [http://www.cdc.gov/DHDSP/programs/nhdsp\\_program/evaluation\\_guides/docs/smart\\_objectives.pdf](http://www.cdc.gov/DHDSP/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf)